



North Carolina Department of Environment and Natural Resources
 Division of Waste Management
 Solid Waste Section



V15704

INVOICE 2013

Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Contact/Billing Information: Mr. Chris Stahl, Solid Waste Director Macon County 109 Sierra Drive Franklin, NC 28734	Facility Location Address: Highlands Transfer Station 109 Sierra Drive Franklin, NC 28734
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INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW013-0001	1-8-2013		\$3,000.00

A. Permit Fee Requirements: Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.

B. Explanation of Invoice Amount is Based on Facility's Current Permit Application

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
5704T-TRANSFER-2008	TRANSFER	Amendment (5 Year Renewal)	12/18/2012	\$3,000.00	\$3,000.00
Total Amount Due					\$3,000.00
Amount Paid					\$0.00

C. Remit Payment (including a copy of this invoice) To:

Division of Waste Management
 Solid Waste Section
 1646 Mail Service Center
 Raleigh, NC 27699-1646
 Attn: Ellen Lorscheider

60-4712-580600

D. Solid Waste Contacts:

- Questions about billing process: Liz Patterson at (919) 707-8286 or Ellen Lorscheider at (919) 707-8245
- Questions about the Regulations and Technical Assistance:
 Ed Mussler (919) 707-8281 Landfills, Transfer Stations
 Michael Scott (919) 707-8246 Land Application Sites, Compost Facilities

PAID
CK#00716219
\$3,000.00

E. Update Your Information: Please indicate any changes in Facility or Contact Information.

1/14/13
 [Signature]

PERMIT APPLICATION REVIEW FORM

Review Requested by: Allen Gaither	Date Requested: 12/19/2012
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Facility Name and Permit ID	<u>Highlands Transfer Station, 5704T-TRANSFER-2008</u>
Applicant (Owner) Name	<u>Macon County</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input checked="" type="checkbox"/> (2)b. Amendment – Five-year Renewal <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR)
Permit Fee	<u>\$3000</u>
Date Application Received	<u>12/18/2012</u>
Contact Name, Title & Phone No.	<u>Mr. Chris Stahl, Solid Waste Director, (828) 349-2100</u>
Contact Email Address	<u>cstahl@maconnc.org</u>
Company Name	<u>Macon County</u>
911 Address	<u>109 Sierra Drive</u>
Mailing Address	<u>Same as above</u>
City/State/Zip	<u>Franklin, NC 28734</u>
Parent Company	<u>N/A</u>
Known Subsidiaries	<u>N/A</u>
Other Known Related or Associated Business Names	<u>N/A</u>
Known Counties of Operation	<u>Macon</u>
Does the Applicant have a Past Or Current Solid Waste Permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: MSW,C&D, Trans Permit No.: 57-01,02,03,04
Did the Permit Applicant Submit Financial Assurance Cost Estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other Notes	Enter Other Notes